



Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	31 <sup>2</sup> Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	45 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	94 <sup>2</sup> Feet	Setback from Wetland	Feet
Setback from the West Lot Line	113 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	37 <sup>6</sup> Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

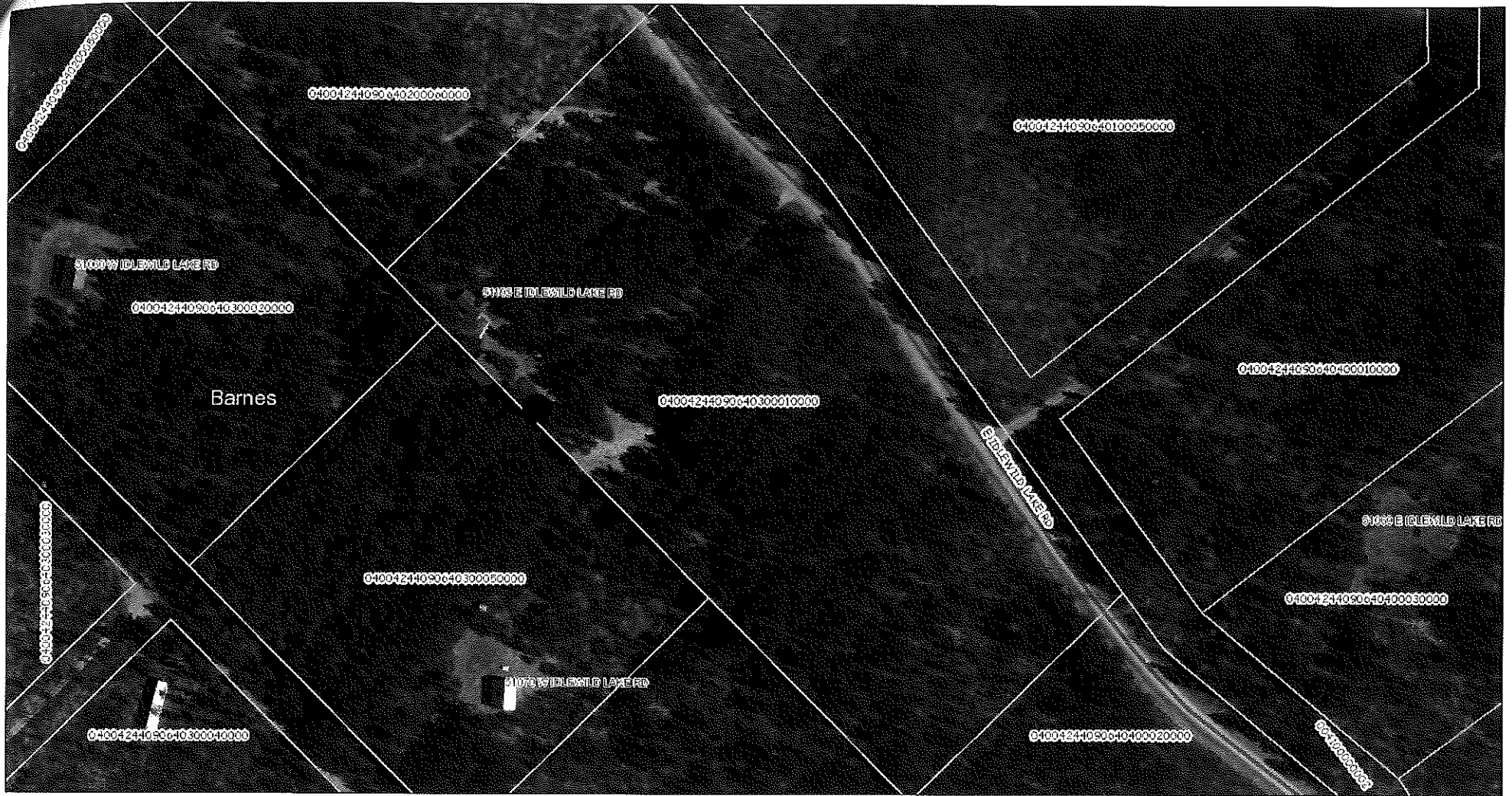
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 464353	# of bedrooms:	Sanitary Date: 12-18-12	
Permit Denied (Date):	Reason for Denial:				
Permit #: 17-0010	Permit Date: 2-2-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Zoning District (F-1)				
Date of inspection: 12-9-16	Inspected by: JAL	Date of Re-Inspection:			
Condition(s): Town, Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>if</u> No they need to be attached.					
Must have health dept Approval.					
Signature of Inspector: Joe Pauls					
Hold For Sanitary: <input type="checkbox"/>	Hold For TA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 12-18-12	

## Ullom



December 8, 2016

2 Building


### Corner Tie Sheets

Section Corner Monument on File

Section Corner Monument Referenced on Survey

## Survey Maps

UnRecorded Map

 Recorded Map

Road Type

CFR

County


Federal

... Private

State

Town

 Municipal Boundary  
 Water  
 Forest

 Section Lines

Approximate Parcel Boundary

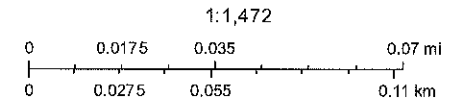
Meander Line

## — The Line

Rivers

: : Douglas Co Parcels

: : Ashland Co Parcel  
 : :



Bayfield

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT		Permit #: 17-0014
BAYFIELD COUNTY, WISCONSIN		Date: 08-20-16
Date Stamp (received)		Amount Paid: \$175 9.23-16
SEP 23 2016		
Bayfield Co. Zoning Dept.		
Bayfield Co. Zoning Dept.		
ENTERED		Refund:

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Kyle Preston	Mailing Address: 929 E Lake St	City/State/Zip: Lukemills WI 53531	Telephone: 608 358-7516
Address of Property: 55240 Red Oak Dr	City/State/Zip: Barnes WI 54873	Contractor Phone: Plumber:	Plumber Phone:
Contractor:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Craig Munther	Agent Phone: 715 739 6645	Agent Mailing Address (include City/State/Zip): PO Box 130 Drummond WI 54832	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: Legal Description: (Use Tax Statement)	PIN: (23 digits) 04 204-2-45-04-18-4-	Recorded Document: (i.e. Property Ownership)	Page(s):
1/4, 1/4	Gov't Lot	Lot(s) CSM	Vol & Page
1/4		11	2167
Section 18, Township 45 N, Range 09 W	Town of: Barnes	Lot Size	Acres 4.78
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes—continue →	Distance Structure is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 6,400	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Subterranean					

Existing Structure: (if permit being applied for is relevant to it)	Length: Length: Width: Height:
Proposed Construction:	Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	
	with Loft	( )	
	with a Porch	( )	
	with (2nd) Deck	( )	
	with a Deck	( )	
	with (2nd) Deck	( )	
	with Attached Garage	( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	
	Mobile Home (manufactured date)	( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( )	
	Accessory Building (specify)	( )	
	Accessory Building Addition/Alteration (specify)	( )	
	Special Use: (explain)	( )	
	Conditional Use: (explain)	( )	
	Other: (explain) Subterranean	( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed, All Owners must sign by letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date 9-20-16  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: Craig Munther, PO Box 130 Drummond WI 54832 Attach  
Copy of Tax Statement

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
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See Attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	90 Feet		
Setback from the South Lot Line	70 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
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The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 404349	# of bedrooms: _____	Sanitary Date: 2-10-03
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: 170014		Permit Date: 2-3-12		
Is Parcel a Sub-Standard Lot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) _____		Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership: <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) _____		Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming: <input type="checkbox"/> Yes _____		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: _____
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: _____		
Was Parcel Legally Created: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: <i>OK</i>				
Date of Inspection: 12-9-10		Inspected by: <i>AK</i>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)		Must get Health Dept approval		
Signature of Inspector: <i>Jak Conley</i>		Date of Approval: 12/14/10		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____

# Johnson



December 8, 2016

- Building
- Corner Tie Sheets
  - Section Corner Monument on File
  - Section Corner Monument Referenced on Survey
- Survey Maps
  - UnRecorded Map

- Recorded Map
- Road Type
  - CFR
  - County
  - Federal
  - Private
- State
- Town
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Line
- Tie Line
- Rivers
- Douglas Co Parcels
- Ashland Co Parcel

